BUREAU OF VITAL STATISTICS COUNTY CAPIL JURGALLEAU Reparation District No. District No. Replace of Death Township. Cit. Copil Jurgan August 1985 (Illust place of abode) (Usual place of abode)	· Note: Not	IISSOURI STATE B	OARD OF HEALTH	1
Towards City Coffee Management City City Coffee City Coffee Coffee City Coffee	1			11150
Towards of the place of a bode of the control of th	1995 ACE OF DEATH A	CERTIFICATE	OF DEATH	11100
Towards City Coffee And Company Registration District No. D. D. S. S. Registered No. City Coffee And Coffee City Coffee Coffee And Coffee City Coffee And Coffee City Coffee Coffee And Coffee City Coffee Coffee Coffee And Coffee City Coffee Co	Samte Cake Gerarde	A Badistation District No.	20	
CIT. COMM JANAMEDIA (Name of South Statistical Control of Statistics) 2. FULL NAME (Unusipace of abode) Length of residence in city or town where death occurred yra mea. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	1		J (() J	Na.
(a) Residence, No (b) Residence, No (c) Residence, No (d) Residence in city or town where death occurred (e) PERSONAL AND STATISTICAL PARTICULARS (D) Residence, No (e) Name of property of town where death occurred (e) Wash on the No (f) Name of particular based of property on Direction of the week of the	C 1. 10:			,
(a) Residence. No. Length et residence in city or town and Static Constitution for the control of the static control of the constitution of the control of	mula		<i>e</i> .	
Length of residence in city or thour sheef death occurred yra mea. Length of residence in city or thour sheef death occurred yra mea. Length of residence in city or thour sand State)				***************************************
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SHEEL, MARRIED, WIDOWED OR DIVORCED (with the world) 15. DATE OF DEATH (MONTH, DAY AND YEAR) 5. MARRIED, WIDOWED, OR DIVORCED 4. COLOR OR RACE 5. SHEEL, MARRIED, WIDOWED OR DIVORCED 5. MARRIED, WIDOWED, OR DIVORCED 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE 7. AGE	(Usual place of abode)		(If nonresident give	city or town and State)
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED MARRIED, WIDOWED, OR DIVORCED, OR D	Length of residence in city or town where death occ	urred yra. moa.	ds. How long in U.S., if of foreign birth?	yra. mos. ds.
DIVIDENCED (GRING the word) 15. ALM MARRIED, WIDOWED, OR DIVIDENCED 17. AGE YEAR MONTHS DAY HE STANDARD YEAR) 18. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of indestry, business, or establishment in which employed (or employer) 9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT 15. INFORMANT 16. DATE OF DEATH (MORTH, DAY AND YEAR) 17. THE CAUSE OF DEATH WAS AS FOLLOW 18. WHERE WAS DISEASE CONTRACTED 19. ON THE CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT 15. INFORMANT 16. DATE OF DEATH (MORTH, DAY AND YEAR) 17. THE CAUSE OF DEATH WAS AS FOLLOW 18. WHERE WAS DISEASE CONTRACTED 19. ON AND PRECEDE DEATH. WAS THERE AN AUTOPYT! WHAT TEST CONTRIBUTION PRECEDE DEATH, or in deaths from Violent Causes, fellow 16. DATE OF DEATH (CITY OR TOWN) 17. MARRIED WILLOW 18. WHERE WAS DISEASE CONTRACTED 19. ON AND PRECEDE DEATH. WAS THERE AN AUTOPYT! WHAT TEST CONTRIBUTION PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or in deaths from Violenty Causes, fellow 19. ON AND PRECEDE DEATH, or	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
5. L. MARRIED, WIDOWED, OR DIVORCED WIDOWAR Lawrence 6. DATE OF BIRTH (MONTH, DAY MO YEAR) 6 - 17 - 1833 7. AGE YEARS MONTHS DAY II LESS than 1 8. OCCUPATION OF DECEASED (a) Trade, prefession, or perficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9. BIRTHPLACE (CITY OR TOWN) MARSANARAMA JERSONAL (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) MARSANARAMA JERSONAL (STATE OR COUNTRY) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) MARSANARAMA JERSONAL (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) MARSANARAMA JERSONAL (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MARSANARAMA JERSONAL (STATE OR COUNTRY) 14. INFORMANT AND NATURE OF JENERAL CREEN AND JENERAL CREEN JENERAL CREEN AND J	3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED OR	16. DATE OF DEATH (MONTH, DAY AND YEAR)	4/4 19)7
S. OCCUPATION OF DECEASED (a) Trade, profession, or entire in which employed (or employer). (b) General nature of industry, husiness, or establishment in which employed (or employer). (c) Name of employer (g) BIRTHPLACE (CITY OR TOWN). 11. BIRTHPLACE (CITY OR TOWN). 12. MAIDEN NAME OF MOTHER (CITY OR TOWN). 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). 14. Informant (Address) 15. WAS THERE AN AUTOSYTI. 16. Informant (Continue) or industry for source in the state of a body of the continue of the state of a body of the continue of the continue of the state of a body of the continue of the continu	750 miles 1	Willer!		111
(CR) WIFE OF MARK LAWRILL 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-17-1833 7. AGE YEARS MONTHS DATE 11 LESS than 1 day, hrs or min. 8. OCCUPATION OF DECEASED (a) Trade, prefession, or particular kind of work (b) General nature of industry, housiness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) MARKET ALLE (CITY OR TOWN) 10. NAME OF FATHER MONTHS CITY OR TOWN) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (STATE OR COUNTRY) 15. WHERE WAS DISEASE CONTRACTED WHAT TEST CONFIGURED DIAGNOSIS (Sideol CITY OR TOWN) (Sideol CITY OR TOW	5A. L. MARRIED, WIDOWED, OR DIVORCED	C'd mare		
6. DATE OF BIRTH (MONTH, DAT AND YEAR) 6 - 17 - 8 3 3 7. AGE YEARS MONTHS DATY II LESS than 1 day, hrs. or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, husiness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN). MADIAN AND MADIAN (MADIAN MADIAN MADIA	(OR) WIFE OF ()	1 AOLOW		7
7. AGE YEARS MONTHS DATY II LESS than 1 day, hars min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, humaness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) MARIAN DELLAND SECONDARY) 10. NAME OF FATHER MON MARIAN SECONDARY 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) MARIAN AND NATURE OF BIRTHAL SUICIDAL, or HORIZONA (STATE OR COUNTRY) 15. THE STATE OR COUNTRY) 16. MARIAN AND NATURE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HORIZONA (SO PETERS SIGE OR Additional space.) 16. MARIAN AND NATURE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HORIZONA (SO PETERS SIGE OR ADDITION OR REMOVED MATE OF BURIAL (Address) 16. MARIAN AND NATURE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HORIZONA (SO PETERS SIGE OR ADDITION OR REMOVED MATE OF BURIAL (Address) 18. WHERE WAS DISEASE CONTRACTED (STATE OR COUNTRY) (Signed) (Marian AND NATURE OF MOTHER (CITY OR TOWN) (SIGNED AND AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HORIZONA (SO PETERS SIGE OR ADDITION OR REMOVED MATE OF BURIAL (Address) 19. NEW PROFESSIONAL (STATE OR COUNTRY) 19. NEW PROFESSIONAL (STATE OR COUNTRY) (Address) 19. NEW PROFESSIONAL (STATE OR COUNTRY) (S	mark Lai	wrence.		m.
8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN)			THE CAUSE OF DEATH® WAS AS FOLL DES	12.
8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) 15. MANUAL AND NATURE OF INJURY, and (2) whether ACCIDENTAL, BUILDIAL, or HORSENDAL, CORP. TOWN (Address) 16. WHERE WAS DISEASE CONTRACTED 17. WHAT TEST CONSTRUED DIAGNOSIS (Signed) (STATE OR COUNTRY) 16. WHERE WAS DISEASE CONTRACTED 17. WHAT TEST CONSTRUED DIAGNOSIS (Signed) (STATE OR COUNTRY) 17. WHAT TEST CONSTRUED DIAGNOSIS (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED (Signed) (Signed) (Signed) (Signed) (Signed) (STATE OR COUNTRY) 19. PELACTOP BIJETS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, BUILDIAL, or HORSENDAL, STREEDAL, or INSPECTATION, CREEN STREEDAL, OR INSPECTABLED 19. PELACTOP BIJETS AND NATURE OF BURIAL CANADAL CONTRACTED (STATE OR COUNTRY) 11. INFORMANT (Address) (STATE OR COUNTRY) 11. INFORMANT (Address) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) (STATE OR COUNTRY) 15. WHERE WAS DISEASE CONTRACTED (WAS THERE AN AUTOPST) WHAT TEST CONSTRUED DIAGNOSIS (SIGNED) (STATE OR COUNTRY) (SIGNEDAL COUNTRY)	1	V 1	Course &	all Sledd
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT (Address) 15. MATCH OR COUNTRY) 16. The Accordance of Mother Original Match of Business (Address) (STATE OR COUNTRY) 16. Makes and NATURE OF INJURY, and (2) whether Accompanyal, Strictulal, or Homerchal. (See reverse effect or additional speace.) 16. Makes and NATURE OF BUSINESS (Address) 17. PRACE OF BUSINESS (Address) 18. Where was disease contracted 19. PRACE OF DEATH. CITY OR TOWN) (Sidned) (Sidned) (Sidned) (Address) (State OR COUNTRY) 19. PRACE OF BUSINESS (Address) (STATE OR COUNTRY) 10. NAME OF MOTHER (CITY OR TOWN) (Sidned) (Sidned) (Sidned) (Sidned) (Sidned) (Sidned) (Makes) (Makes	/3 9	// <u>or</u>	11/13	PY
perticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT (Address) 15. CONTRIBUTORY (SECONDARY) 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH! WAS THERE AN AUTOPSY! WHAT TEST CONFIRMED DIAGNOSIS (Signed) (Signed) (Signed) (Signed) (Signed) (State OR COUNTRY) 14. INFORMANT (Address) 15. CONTRIBUTORY (Address) (Address) (Address) (STATE OR TOWN) (SIGNED) (Signed) (Signed) (Signed) (Signed) (MEANS AND NATURE OF INUTEX, and (2) whether ACCIDENTAL, GUICIDAL, OR HOMICTALL. (Bee reverse side for additional space.) 14. INFORMANT (Address) (Address)	8. OCCUPATION OF DECEASED		Vi Signatura	100
(b) General nature of industry, husiness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER Order of Country 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) 15. CONTRIBUTOR (SECONDARY) (Ouration) (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. WAS THERE AN AUTOPSY! WHAT TEST CONFIGURED DEATH. (Signed) (Signed) (Signed) (State the Disnash Causing Death, or in deaths from Violent Causes, state (I) Mains and Natures of Indust, and (2) whether Acceptant, or Homicidal. (See reverse side for additional space.) 14. Informant (Address) MANUALLY 15. The Contracted 16. Where was Disease Contracted 18. Where was Disease Contracted 19. Place of Deaths. Date of Deaths. State the Disnash Causing Death, or in deaths from Violent Causes, state (I) Mains and Natures of Indust, and (2) whether Acceptant, or Homicidal. (See reverse side for additional space.) 14. Informant (Address) Date of Burial Date		react.	· Si \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Total Control
business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT (Address) 15. PLACE OF BURIAL (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (Address) (SECONDARY) (Address) (Address) (Address) (SECONDARY) (Address) (Address) (Address) (Address) (SECONDARY) (Address) (Address) (Address) (SECONDARY) (Address) (Address) (Address) (Address) (SECONDARY) (Address) (Address) (Address) (Address) (Address) (SECONDARY) (Address) (Ad			CONTRIBUTOR	Al- 1
(c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) MASSAR PLASS (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) WAS THERE AN AUTOPSY! WAS THERE AN AUTOPSY! WAS THERE AN AUTOPSY! (Signed) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST (Signed) 12. MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) WAS THERE AN AUTOPSY! WAS THE AN AUTOPSY! WAS THE AUTOPSY! WAS TH	business, or establishment in		(SECONDARY)	
9. BIRTHPLACE (CITY OR TOWN) MASSIR STATES 10. NAME OF FATHER MON MASSIR STATES 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT (Address) 15. CONTRACTOR 16. WHERE WAS DISEASE CONTRACTED 17. NOT AT PLACE OF DEATHY. DID AN OPERATION PRECEDE DEATHY. WHAT TEST CONFIRMED DIAGNOSIST (Signed)	III		(duration)	yrs
ON NAME OF FATHER COLOUNTRY) 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER ON TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (State OR COUNTRY) 14. INFORMANT (Address) 15. DID AN OPERATION PRECEDE DEATHS WAS THERE AN AUTOPSYS. WHAT TEST CONFIRMED DIAGNOSIS. (Signed) (Signed) *State the Dismassin Causing Peater, or in deaths from Violentz Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidial, or HONGITIAL. (See reverse eide for additional space.) 14. INFORMANT (Address) AND ATTURE OF BURIAL (Address) 15. DID AN OPERATION PRECEDE DEATHS WAS THERE AN AUTOPSYS. WHAT TEST CONFIRMED DIAGNOSIS. (Signed) ** ** ** ** ** ** ** ** **	Que al	THE W	18. WHERE WAS DISEASE CONTRACTED	9
10. NAME OF FATHER 10. COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN). 12. MAIDEN NAME OF MOTHER 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). 14. INFORMANT (Address) 15. DID AN OPERATION PRECEDE DEATHS. DIATE OF MAIN AUTOPSTS. WAS THERE AN AUTOPSTS. WAS THERE AN AUTOPSTS. WAS THERE AN AUTOPSTS. WHAT TEST CONFIRMED DIAGNOSIS. (Signed) 19. MEANS AND NATURE OF INJURY, and (2) whether Accurance of Main Country. 19. PLACE OF BIRTH ARCH. 19. PLACE OF BIRTH ARCH.		oull desse	IF NOT AT PLACE OF DEATH?	es con
Was there an autopsys. What test confirmed diagnosis. (State or country) 12. Maiden name of mother Onida Manual 13. Birthplace of mother (city or town). (State the Dishasti Causing Death, or in deaths from Violent Causes, state (State or country) 14. Informant (Address) 15. Differential Report of Injust, and (2) whether Accidental, Suicidal, or Homicidal (See reverse side for additional space.) 16. Differential Report of Burial 17. Differential Report of Remove of Burial 18. Differential Remove of Rem	A	;	Did an operation precede death	12-4/15-2
(State or country) 12. MAIDEN NAME OF MOTHER OPINGO STATUS 13. BIRTHPLACE OF MOTHER (CITY OR YOUN). (STATE OR COUNTRY) (State the Dishash Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Indust, and (2) whether Acceptal, or Homicidal, or Homicidal, (See reverse side for additional space.) 14. Informant (Address) 15. 20. Hindertakter	10. NAME OF FATHER TO OUT	noun)	WAS THERE AN AUTOPSYT.	<u> </u>
(State or country) 12. MAIDEN NAME OF MOTHER OF MOTHER (CITY OR TOWN). 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (State or country) (State or Country) (State or Country) (State the Dishash Causing Death, or in deaths from Violent Causing State (1) Means and Natures of Injures, and (2) whether Accordental, Suicidial, or Homicidal. (See reverse eice for additional space.) 14. Informant (Address) 19. PLACE OF ENTRY LOWER REMOVED DATE OF BURIAL (Address) 19. PLACE OF ENTRY LOWER REMOVED DATE OF BURIAL (Address) 19. PLACE OF ENTRY LOWER REMOVED DATE OF BURIAL (ADDRESS) 20. INDEPENDENT LOWER REMOVED DATE OF BURIAL (ADDRESS)	11. BIRTHPLACE OF FATHER (CITY OR TOW	rN)	WHAT TEST CONFIRMED DIAGNOSIS	too .
12. MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (CITY OR TOWN). 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) 14. INFORMANT (Address) 15. PLACE OF MOTHER (CITY OR TOWN). 19. PLACE OF BUSING DEATH, Or in deaths from Violent Causes, state (1) Means and Natures of Injury, and (2) whether Accidental, Or Honicidal. (See reverse eide for additional space.) 16. INFORMANT (Address) 17. PLACE OF BUSING DEATH, OF INJURY, and (2) whether Accidental, Suicidal, or Honicidal. (See reverse eide for additional space.) 18. Death of Busing Death, Or in deaths from Violent Causes, state (1) Means and Natures of Injury. 19. PLACE OF BUSING DEATH, OF INJURY, and (2) whether Accidental, Suicidal, or Honicidal. (See reverse eide for additional space.) 19. PLACE OF BUSING DEATH, OF BUSING DEATH, OF INJURY, and (2) whether Accidental, Suicidal, or Honicidal. (See reverse eide for additional space.) 19. PLACE OF BUSING DEATH, OF B	(STATE OR COUNTRY)	<u> </u>	(Signed) Olar Da	Sefen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) (STATE OR COUNTRY) 14. (Address) (Address) (Address) (STATE OF MOTHER (CITY OR TOWN). (Address) (STATE OF MOTHER (CITY OR TOWN). (Address) (STATE OF MOTHER (CITY OR TOWN). (I) MEANS AND NATURE OF INJURY, and (2) whether Accountal, Suicidal, or Homicidal. (See reverse eigle for additional space.) (Address)	C //)	uda Skomus		ener /2
(STATE OR COUNTRY) (STATE OR COUNTRY) (MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 14. (Address) (Address) (Address) (Address) (ADDRESS) (DEFECTION OF BURIAL OF		(N) !/T]	*State the Dismasn Causing Ozaffi, or in den	the from Violenz Causes, state
14. INFORMANT (Address) DATE OF BURIAL (Address) DATE OF BURIAL 19. PLACE OF BURIAL (Address)	[] ((1) MEANS AND NATURE OF INJUST, and (2) who	ther Accidental, Suicidal or
(Address) Jawyley Avo.		-	19 API ACTION SHEAD AND ALTION TO BELLEY	WINDS OF BURGO
15. 20 HINDERTAKER (Appres) 1972		· Qua		TO STATE OF BURIAL
	- FAMILY			192 (- 192
Free 1927	FILED APA 1927 6	740000	a. Undertaker	CODRESS
REGISTRAR LO MA CURATOR MENCES PL	<u> </u>	REGISTRAR	KNYW CLOSER	Sharker Pl

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. home, who are engaged in the duties of the house. hold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ----- (name offgin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.; Broncho-pneumonia (secondary), 10ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile, "etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," PUERPERAL peritonitis;". etc. State cause for which surgical operation was undertaken. For violent deaths state means or INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convuisions, hemorrhage, gangrone, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, totanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE/OF DEATH Primary Registration District No...... Resistered No. ESCRIB 200 OCCUPATION (a) Residence. AS (If nonresident give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? 37£. COMPLETE PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR DIVORCED (write the word) statement 17. ARE 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF THEY (OR) WIFE OF Ď Eract 6. DATE OF BIRTH (MONTH, DAY AND YEAR) should UNTIL Days 7. AGE YEARS MONTHS If LESS than 1 hrs. CERTIFICATES 8. OCCUPATION OF DECEASED carefully supplied. (a) Trade, profession, or particular kind of work,... (b) General nature of industry. ONTRIBUTORY (SECONDARY) business, or establishment in which employed (or employer).....(daration)...., ...yrs. (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) N. B.—Every item of information shoul CAUSE OF DEATH in plain terms, so 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOSE) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHE (Address) *State the Disease Causing Deare, of in deaths from Violenz Causin state 13. BIRTHPLACE OF MOTHER (CITY (1) MEANS AND NATURE OF INJUST, and (2) whether Accidental, Suicidal, or (STATE-OR COUNTRY REGISTRARS HOMICIDAL. (See reverse side for additional space.) 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 20. UNDERTAKER REGISTRAD

5-11150